

OFFICIAL USE ONLY

Date Reviewed: _____

Receipt No.: _____ Fee: \$ _____

Posted: _____

Qualified: _____

License No.: _____

**APPLICATION TO REPLACE
QUALIFYING PARTY**

REGISTRAR OF CONTRACTORS

800 W. WASHINGTON 6TH FLOOR
PHOENIX, ARIZONA 85007

NOTICE:
Falsification of any information
on this application is a felony
per A.R.S. §13-2407

\$100 Fee is payable to: Registrar of Contractors and must be enclosed with this application. Exam(s) when required must be passed before submitting this application. Complete the attached forms for Qualifying Party Experience record before submitting this application. Type or print in **BLACK** ink. A separate application is required for each license on which the qualifying party is being replaced.

COMPANY NAME: _____

CLASSIFICATION: _____ LICENSE NUMBER: _____
License Classification and Title

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____

Name Of Person
Applying As
Qualifying Party:

First Name

Middle Name

Last Name

Date of Birth: ____/____/____
Month Day Year

Residential Address: _____
Street City State Zip Code

Qualifying Party is (Check One) ☐ Owner ☐ Partner ☐ Corporate Officer ☐ Member ☐ Employee

1. EXPERIENCE RECORD OF: _____
Name of Qualifying Party

Experience records must be properly completed or your application will be rejected. Information reported is subject to verification by contact with previous employers. The license will not be issued until this verification is completed.

2. _____
Employer's Name

3. _____
Mailing Address

4. _____
Phone Number Fax Number E-Mail

5. Date of Employment: From: ____/____/____ To: ____/____/____ Total: ____/____/____
Mo. Year Mo. Year Mo. Year

6. Type of Business (such as air conditioning, home-building, masonry, etc.): _____

7. Supervisor's Name: _____

8. Average hours worked per week: _____ Number of people **you** supervised: _____

9. Check job positions you held for this employer and indicate length of time in each position:

	JOB TITLE	AMT. OF TIME YEARS/MONTHS		JOB TITLE	AMT. OF TIME YEARS/MONTHS
_____	Laborer	____/____	_____	Project Manager	____/____
_____	Apprentice	____/____	_____	Self-Employed	____/____
_____	Journeyman	____/____	_____	Licensed AZ Contractor	____/____
_____	Foreman	____/____	_____	Out of State Contractor	____/____
_____	Superintendent	____/____	_____	Other: _____	____/____

10. Approximate number of projects or structures worked on for this employer: Residential _____ Commercial _____

11. Average size range of these projects in square footage, tonnage, voltage, miles or whatever applies to your field or work:

From: _____ To: _____
Small Large

12. Describe major duties you performed.

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_____ Laborer	_____ /	_____ Project Manager	_____ /
_____ Apprentice	_____ /	_____ Self-Employed	_____ /
_____ Journeyman	_____ /	_____ Licensed AZ Contractor	_____ /
_____ Foreman	_____ /	_____ Out of State Contractor	_____ /
_____ Superintendent	_____ /	_____ Other: _____	_____ /

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From: _____ To: _____
Small Large

12. Describe major duties you performed.

1. Has the new qualifying party ever filled one of the following positions on any other Arizona Contractor's license?
a) Sole Owner; b) Partner; c) Corporate Officer; d) Member; e) Director; f) Qualifying Party; g) 25% or more stockholder.

____ Yes ____ No If yes, complete the following:

Company _____

Company _____

Company _____

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2. Has the new qualifying party ever had an Arizona contractor's license revoked, application denied or been found guilty by any court of any violation of the contractor's license law? If yes, explain below: ☐ Yes ☐ No :

3. Has the new qualifying party ever been convicted of a felony? ☐ Yes ☐ No
If yes, request release form from the Licensing Department, which must be submitted with this application.

4. Name of the Qualifying Party to be replaced and the date of disassociation:

Date:

☐

I am resigning as the qualifying party only

☐

I am resigning as the qualifying party as well as a corporate officer/member/partner

If there has been any change in corporate officers, or members, you must request and submit an Officer Change Form.

We hereby submit this application to replace the qualifying party and verify under penalty of law that all the information is true to the best of our knowledge and belief.

New Qualifying Party's Signature _____ Title _____

Date _____

Licensee's Signature _____

(Signature OTHER THAN QUALIFYING PARTY, of a Sole Owner, Partner, Corporate Officer, or Member)

Title _____

Date _____